

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7432

1 ACCOUNT #		2 Total pages filed: 12		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Ms. Brandy NICKNAME LAST Mueller FIRST MI SUFFIX		Date Received 2010 AUG-2 PM 2:44 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Postmarked Receipt # Legal Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year 1 1 10 THROUGH 6 30 10			

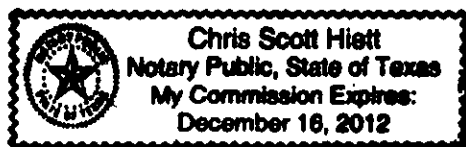
6 EXPLANATION OF CORRECTION

Report, as originally filed inadvertently omitted Schedule L, documenting outstanding loans previously reported on Schedule E of report filed on July 15, 2009. Report as originally filed, omitted descriptions for expenditures in Schedule F and G; these descriptions were added. Amounts for total political expenditures #4, and total amount of outstanding loans #6, pg 2 were corrected in this report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Brandy Mueller
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Brandy Mueller this the 30 day of July

20 10 to certify which, witness my hand and seal of office

Chris Scott Hiatt
Signature of officer administering oath

Chris Scott Hiatt
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed. <div style="font-size: 24pt; text-align: center;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="font-size: 24pt; margin-top: 10px;">Ms. Brandy</div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> NICKNAME LAST SUFFIX </div> <div style="font-size: 24pt; margin-top: 10px;">Mueller</div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 10pt;"> ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE </div> <div style="font-size: 24pt; margin-top: 10px;">605 W. 10th St.</div> <div style="font-size: 24pt; margin-top: 10px;">Austin, TX 78701</div> <div style="margin-top: 5px;"><input type="checkbox"/> Change of Address</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 10pt;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 24pt; margin-top: 10px;">(512) 637-7264 / 512 474-9999</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="font-size: 24pt; margin-top: 10px;">Ms. Martha</div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> NICKNAME LAST SUFFIX </div> <div style="font-size: 24pt; margin-top: 10px;">Dickie</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: 10pt;"> STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE </div> <div style="font-size: 24pt; margin-top: 10px;">2301 S. Capital of Texas Hwy Bld. H</div> <div style="font-size: 24pt; margin-top: 10px;">Austin, TX 78746</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 10pt;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 24pt; margin-top: 10px;">(512) 474-9486</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 1 / 1 / 2010</div> <div>THROUGH</div> <div>Month Day Year 6 / 30 / 2010</div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> ELECTION DATE </div> <div style="font-size: 24pt; margin-top: 10px;">11 / 2 / 2010</div> </div> <div style="flex: 1;"> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> ELECTION TYPE </div> <div style="display: flex; margin-top: 10px;"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 24pt; margin-top: 10px;">Judge, County Court at Law #6</div>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<div style="font-size: 10pt;">DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address / PO Box, Apt / Suite # City, State, Zip Code</div> <div style="margin-top: 10px;"><input type="checkbox"/> additional pages</div>		

GOTO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME

Brandy Mueller

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 300,400.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 26,010

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,011.45

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 16,100.

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Brandy Mueller

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>12</u>	
2 FILER NAME <u>Brandy Mueller</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1-6-10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Campbell</u> 6 Contributor address; City; State; Zip Code <u>PO Box 92341</u> <u>Austin, TX 78704</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title	
11 Contributor's employer/law firm <u>The Law Office of John Campbell</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>2-23-10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kathy Jones</u> Contributor address; City; State; Zip Code <u>1110 Travis Heights Blvd.</u> <u>Austin, TX 78704</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor's principal occupation <u>Audiologist</u>		Contributor's job title <u>Audiologist</u>	
Contributor's employer/law firm <u>Austin Regional Clinic</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>2-9-10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Thomas George</u> Contributor address; City; State; Zip Code <u>Sundown Park</u> <u>5121 Bee Caves Rd, Ste. 200</u> <u>Austin, TX 78746</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Thomas George Law Office</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>2</u>	
2 FILER NAME <u>Brandy Mueller</u>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <u>1-21-10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Erick Borik</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10105 Lindshire Ln. Austin, TX 78748</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Law Office of Erick Borik</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1/2	2 FILER NAME Brandy Mueller	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-22-10	5 Payee name Alejandra Salinas	
6 Amount (\$) 500.00	7 Payee address: City: State: Zip Code 908 E. 5th St. #114, Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting expense	(b) Description (If travel outside of Texas, complete Schedule T) Outreach advice, event planning advice
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-19-10	Payee name Jim Ranes	
Amount (\$) 314.85	Payee address: City: State: Zip Code 1501 Barton Springs Rd. # 233, Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T) Design of event invitations
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-14-10	Payee name Paddington Media	
Amount (\$) 300.00	Payee address: City: State: Zip Code 504 West 7th St., Ste B Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T) Updating website, content add on
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-1-10	Payee name Stanley-Garrison & Associates	
Amount (\$) 306.19	Payee address: City: State: Zip Code 812 San Antonio, Ste G 23, Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T) Fundraising advice and assistance
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/3		2 FILER NAME Brandy Mueller		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-29-10		5 Payee name David Butts			
6 Amount (\$) 18,000		7 Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) General campaign advice/strategy	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-29-10		Payee name Travis County Democratic Party			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 1311 East 6th St. Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Table and tickets / filling day dinner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-5-10		Payee name GNI Strategies, LLC			
Amount (\$) 750.00		Payee address; City; State; Zip Code 908 E. 5th St. #114, Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Email / Facebook / New Media	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-13-10		Payee name Alejandra Salinas			
Amount (\$) 1,500		Payee address; City; State; Zip Code 908 E. 5th St. #114, Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Event coordination, Volunteer coordination	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/3		2 FILER NAME Brandy Mueller		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-11-10		5 Payee name Tejano Democrats			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 40 Gloria Aleman 2544 Stoutwood Cr, Austin, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign advertisement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-2-10		Payee name GNI Strategies, LLC			
Amount (\$) 375.00		Payee address; City; State; Zip Code 908 E. 5th St. #114 Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) E-mails / new media production	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-29-10		Payee name PayPal			
Amount (\$) 24.32		Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) fees for on-line donations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-12-10		Payee name Worley Printing Co., Inc.			
Amount (\$) 739.94		Payee address; City; State; Zip Code 3217 N. IH35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G.	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Brandy Mueller		
4 Date	5 Payee name		
4-14-10	Paddington Web Design		
6 Amount (\$)	7 Payee address, City, State, Zip Code		
200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	504 West 7th St., Ste. B Austin, TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule I)	
	Consulting Expense	Webpage design	
Date	Payee name		
3-12-10	Worley Printing		
Amount (\$) 739.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code		
	3217 N. IH 35 Austin, TX 78722		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule I)	
	Printing Expense	Signage (design and production)	
Date	Payee name		
3-12-10	Worley Printing		
Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code		
	3217 N. IH 35 Austin, TX 78722		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule I)	
	Printing Expense	Signage (design and production)	
Date	Payee name		
Amount (\$)	Payee address, City, State, Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule I)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

1

2 FILER NAME

Brandy Mueller

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-25-10

5 Payor name

Schultz Garten, LLC

6 Payor address

City

State

Zip Code

1607 San Jacinto Blvd.
Austin, Tx 78701-1414

8 Amount (\$)

\$ 378.88

7 Reason for credit

Refund for event reservation / deposit

Date

Payor name

Amount (\$)

Payor address

City

State

Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address

City

State

Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address

City

State

Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address

City

State

Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

Mueller, Brandy

3 ACCOUNT # (Ethics Commission Filers)

LENDER
INFORMATION

4 Name of lender

Mueller, Brandy

5 Lender address; City; State; Zip Code

605 W. 10th Street
Austin, TX 78701

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED